

COPY

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input type="checkbox"/> Declaration <input checked="" type="checkbox"/> Declaration Submitted with      Submitted after Initial Initial Filing      Filing (surcharge 37 CFR 1.16(c) required)	Attorney Docket No.	MIT-097 (5473/104)
	First Named Inventor	COLTON
	<b>COMPLETE IF KNOWN</b>	
	Application Serial Number	09/356,079
	Filing Date	July 16, 1999
	Group Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR DELIVERING OXYGEN TO CELLS***(Title of the Invention)*

the specification of which

☐ is attached hereto  
OR

☒ was filed on July 16, 1999 as United States Application Serial Number or PCT International  
Application Number 09/356,079 and was amended on                      (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

☐ I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.
60/093,147	07/17/98	

## DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

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As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number  → 

Place Customer  
Number Bar Code  
Label Here

OR

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Steven M. Bauer	31,481	Kurt W. Lockwood	40,704
Isabelle A.S. Blundell	43,321	Marianne McLaughlin	42,870
Maureen A. Bresnahan	P-44,559	Thomas C. Meyers	36,989
Michael H. Brodowski	41,640	Joseph B. Milstein	42,897
Tara C. Cacciabauda	40,935	Ronda P. Moore	44,244
Jennifer A. Camacho	43,526	Edmund R. Pitcher	27,829
Joseph A. Capraro, Jr.	36,471	Dianne M. Rees	P-45,281
John J. Cotter	38,116	Kurt Rauschenbach	40,137
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John V. Forcier	42,545	Michael J. Schmelzer	43,093
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Duncan A. Greenhalgh	38,678	Christopher W. Stamos	35,370
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Ira Heffan	41,059	Thomas A. Turano	35,722
Danielle L. Herritt	43,670	Michael J. Twomey	38,349
Elizabeth E. Kim	43,334	Christine C. Vito	39,061
Mi Kim	P-44,830	Patrick R.H. Waller	41,418
Douglas J. Kline	35,574		
John D. Lanza	40,060		
Timothy P. Linkkila	40,702		

☐ Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.

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 Testa, Hurwitz & Thibault, LLP  
 High Street Tower  
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 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])						Family Name or Surname					
CLARK K.						COLTON					
Inventor's Signature <i>Clark K. Colton</i>						Date		8/26/99			
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City		Newton		State		MA		Zip		02167 Country U.S.A.	
Post Office Address						279 Commonwealth Avenue					
City		Newton		State		MA		Zip		02167 Country U.S.A.	
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) attached hereto.											
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])						Family Name or Surname					
LARRY L.						SWETTE					
Inventor's Signature						Date					
Street Address						6 Stearns Street		Citizenship		U.S.A.	
City		Newton		State		MA		Zip		02459 Country U.S.A.	
Post Office Address						6 Stearns Street					
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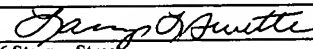
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Given Name (first and middle [if any])						Family Name or Surname			
LARRY L.						SWETTE			
Inventor's Signature						Date			
Street Address		6 Stearns Street				Citizenship		U.S.A.	
		City	Newton	State	MA	Zip	02459	Country	U.S.A.
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